

The Manufacturers Life Insurance Company (Bermuda Branch)—hereinafter referred to as Manulife Bermuda

Important information

Use this form to confirm the source of funds being remitted to Manulife Bermuda.

- For account holders who are individuals, provide verification of the ID form and a certified copy of the ID.
- For account holders who are entities, provide a corporate certification form, certificate of incumbency, and certificate of incorporation.

Please note all transaction fees will be paid by the account remitting the funds.

1. Policy information

Policy number

Policy owner name (First, MI, Last) (or entity name, if applicable)

Life insured name (First) MI Last

2. Source of funds information

Account holder name (First, MI, Last) (or entity name, if applicable)

Account number

Relationship to life insured

Country where account is located

Routing/ABA number

Financial institution name initiating wire

Date of wire (mm/dd/yyyy)

Financial institution address (Street)

City

Country

Mailing code

Exact amount of money to be wired: US\$ _____